

Frequently a feeble-minded child who comes to The institutional school from a poor environment will in a few months of special care, with proper food and regular hours for sleep, attention to bathing and exercise, and, through simple hygienic measures, so improve in appearance that family and friends can not see the necessity of his remaining longer in the school, but it returned to the old environment too soon all progress made will be lost.

The Board of Control and the institutional school officials are always most eager to arrange for the parole of all persons suitable for outside supervision when an appropriate environment is available. Application for parole should be made to the Board of Control, who will advise with the institutional officials as to the suitability of the child for parole and with the county child welfare board as to the suitability of the home.

The club houses conducted by the Board of Control and other agencies are admirable stepping stones in the development of the individual for life in the community.

Where a parent, guardian, relative or friend of a person committed to the care and custody of the State Board of Control is unwilling to abide by the ruling of the Board as to the necessity for further care and custody, they have recourse to the court. However, such action is inadvisable and is seldom taken as the Board of Control is only too willing to be relieved of guardianship when in their judgment further care and custody is not required for the welfare of the individual or the protection of the public.

Mrs. La Du: We have another group of the mentally handicapped who are cared for in the Colony for Epileptics, at Cambridge. Doctor McBroom, superintendent of that institution, will tell you about the paths of the wards of the state who are admitted to that institution. Doctor McBroom.

D.E. McBroom, M. D., Superintendent, Colony for Epileptics: Chairman, Ladies and Gentlemen, I am very glad that I am to speak to you near the close of this symposium as it will enable me; to cut my remarks to a minimum, as the field has been well covered.

The path of the epileptic is a very turbulent one and has many ramifications. In fact, the different types of patients we encounter in this work might fit into any of the classifications that you have heard about this morning. As we all know, epilepsy is a progressive, degenerative process, so that the majority of these patients sooner or later degenerate sufficiently to become feeble-minded, a description of which you just had given you by Dr. Murdoch, at the School for Feeble-Minded. It is also true that a very large percentage of these people are afflicted with psychoses of some kind, which means they follow the path of the insane; and owing to an inferiority complex, which is nearly always present, many of them become delinquents; and, due to their instability, practically all are dependents; so that I think the held of epilepsy touches more or less every specialty as represented here today.

The state of Minnesota has for many, many years taken care of the epileptic patient in the School for Feeble-Minded at Faribault. Owing to the crowded conditions there, and realizing that the high-grade epileptic and the feeble-minded patients were more or less incompatible, the Board

of Control saw fit to establish a separate Colony for Epileptics in 1925. This was located at Cambridge. Up to the present time we have three new, spacious buildings which are now filled to capacity, and contracts have just been awarded for the erection of two additional buildings.

Minnesota has no special law governing the commitment of epileptics to the State Board of Control. At the present time we have two separate and distinct procedures which are followed in this state. The first and most efficient, and the one which covers the vast majority of cases, is that of committing these patients to the custody of the State Board of Control as feeble-minded. This method has just been explained to you by Doctor Murdoch, wherein the family, relatives or anyone who is a resident of the state may file the complaint and it becomes the duty of the judge of probate court to set a time for the hearing of the case. At this hearing the county attorney represents the patient and it is his duty to see that the patient gets a fair trial or hearing. Two regularly Licensed physicians are called who serve as examiners and assist the judge in making his decision.

If the patient is found to be feeble-minded to the extent of having an I. Q. below .70, he is then committed by the probate judge to the custody of the State Board of Control. The State Board of Control then assigns the patient to any of the institutions under their jurisdiction that they may see fit, and the patient's name is placed upon the waiting list and is usually called for in the regular order of commitment, although there may be times when the Board may, at its discretion, advance a case a little ahead of its turn; but this rule is only applied in cases of very extenuating circumstances.

The other method of admission to the Colony is that of the voluntary patient. In these cases we insist that the I. Q. be .70 or above, with a clean-cut diagnosis of epilepsy. Under these conditions an epileptic patient may place an application for voluntary admission, signing a blank to abide by all the rules, laws, and regulations of the State Board of Control and the institution and the name is placed upon the waiting list to be called whenever a vacancy exists. The State Board of Control, through the Children's Bureau and Miss Thomson, who has charge of the department for feeble-minded, handle the waiting list and take care of these patients as rapidly as possible, but no preference is given them over these committed by court.

The cases which have been committed to the guardianship of the State Board of Control by the probate court are held until discharged or paroled by the Board of Control. There is no sentence given, nor is a patient discharged by reaching any certain age limit; and of course discharges because of a cure are practically nil, so that most epileptics are assigned to the Colony for the rest of their lives, unless they have a cessation of spasms covering a number of years and with a minimum amount of degeneration having taken place, when they may be released by order of the Board of Control.

In the case of the voluntary patient, the release is an entirely different procedure, and I do not believe a very satisfactory one. The voluntary patient has only to make a written request for his release, and

we have no way whereby we can hold him. However, I am trying to establish a procedure whereby they must give us three days' notice in writing before the day of dismissal. This will prevent their walking out of the institution at times when they are momentarily upset because of a recent spasm or some other irritating circumstance.

To summarize, will say that the matter of all admissions and the dismissal of all probated cases lies entirely with the Board of Control, and the question of discharge of voluntary patients is left to the judgment of the superintendent. Upon admission to the institution all patients are treated alike, regardless of the method of commitment. No special favors are granted to the voluntary admissions, although many of them arrive with this idea in their minds.

Mrs. La Du: I am going to ask Dr. H. A. Burns, superintendent of the State Sanatorium for the care of the tuberculous patients, located at Ah-gwah-ching near Walker, to tell us how patients get into the State Sanatorium and how they are released.

H. A. Burns, M. D., Acting Superintendent, State Sanatorium for Consumptives: Madam Chairman, Ladies and Gentlemen—The paths of the tuberculous; are less complicated than the paths of the other handicapped wards of the state.

I think it was in 1903 that the state legislature first enacted the tuberculosis law providing for the erection of a sanatorium, and since that time the progress in anti-tuberculosis work and in work for those handicapped from tuberculosis has been given a great deal of attention. While the legislature enacted the sanatorium law in 1903, it was not until 1907 that the first patient was admitted to the Minnesota State Sanatorium. Since that time the process has been repeated many times.

In 1913 the county sanatorium law was passed, later amended in 1915 and again in 1919, which authorized the county commissioners in certain counties or groups of counties to tax the counties concerned for the erection and maintenance of county sanatoria.

The procedure of admission to the sanatoria is rather simple. It is initiated following the diagnosis of tuberculosis by a practicing physician and his making formal application to the sanatorium. The application is made on a form that is furnished. Following this, if the patient is approved, the commissioners guarantee the payment of the expenses; if the patient is an appropriate one for the State Sanatorium—the law states that such patients must be early cases—the patient is then written to and a date set for admission. That is all that there is concerning the admission of tuberculosis cases to the State Sanatorium. The law specially provides that cases be early and treatable cases. That makes it obligatory upon our part to select from the applicants received only early cases. This frequently is a difficult procedure since we must take the diagnosis on the application, and at times the application states an early case, whereas, when the patient is received it may prove to be a far advanced case.

The care in the institution is routine and involves modern methods of treatment.

The discharge, of course, is more or less voluntary upon the part of the patient. We have no way of holding patients. We feel the patients

that we consider sanatorium care essential to their convalescence. This usually requires six months to one year and occasionally longer. There are certain types that heal by fibrosis, and such fibrosis requires several years to attain a maximum amount of healing.

In the past there have been several classifications of tuberculosis cases coming into the institution. We have children of teen-age groups, and far-advanced groups, and early, treatable cases.

The State Sanatorium does not propose to be a custodial institution for far-advanced, quiescent and apparently arrested cases. Its chief purpose is for treatment and for discharge of recovered cases back to society. This is the primary purpose of the law when it says only early cases shall be admitted.

One of the big problems in the care of the tuberculous is the handling of the teen-age group. I think every institution for the tuberculous has trouble with the teen-age child's adjusting himself to the adult population in the institution. This is more particularly true with the young girl than it is with the young boy. For some reason they do not mix well with the adults, and it is much more difficult for them to adjust themselves to the necessities of the treatment than it is for the older patients. In recognition of this fact we have at the State Sanatorium one building that is being devoted entirely to the care of the teen-age group, and the results are very gratifying.

After the completion of the treatment the patients are prepared for discharge, and they are discharged direct to their families without any formality.

Mrs. La Du: Because we wish to present the papers on the subject of the adult delinquents in a group, I am going to call for one of the papers that was omitted earlier on the program.

Mr. Vance, superintendent of the School for the Blind at Faribault, is here and he will now tell us about the paths by which the blind children are admitted to the State School for the Blind.

J. E. Vance, Superintendent, School for the Blind: The Minnesota School for the Blind is located in the city of Faribault, Minnesota, about sixty miles south of Minneapolis and St. Paul, and is reached by the Chicago, Milwaukee & St. Paul, the Chicago, Rock Island & Pacific, the Chicago, Great Western and the Minneapolis Northfield & Southern railways. Two-hour bus service is maintained north and south on the Jefferson Highway.

The institution buildings are beautifully situated in a delightful park on a high bluff overlooking the river valley and the city, with spacious grounds, pleasant walks, and abundant shade trees.

The school is maintained by the state, under the direction of the State Board of Control, and its opportunities are free of charge to all blind persons in Minnesota between the ages of six and 21 years who are capable of profiting by instruction. By "blind persons" is meant those who have not sufficient sight to pursue their studies in the public schools satisfactorily. Eight years is the regular period of instruction, but at the expiration of that time an additional period of four or five years may be granted.